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## APPLICANTS

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## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 09/755,298 12/29/2000 PAT 6,706,007 *JA*

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*  
 06/03/2004

\*\* SMALL ENTITY \*\*

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>Examiner's Signature</i> <i>Initials</i>	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 5	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 1
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## ADDRESS

23117

## TITLE

Feedback control of ultrafiltration to prevent hypotension

<b>FILING FEE RECEIVED</b> 385	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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